

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/763289</i>	FILING DATE
							APPLICANT(S) <i>Li</i>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2		/					52	
3		/					53	
4		/					54	
5		/					55	
6		2					56	
7		2					57	
8		2					58	
9		2					59	
10		2					60	
11		2					61	
12		2					62	
13		/					63	
14		/					64	
15		/					65	
16		2					66	
17		2					67	
18		2					68	
19		2					69	
20		2					70	
21		2					71	
22		2					72	
23		2					73	
24		/					74	
25		/					75	
26		/					76	
27		/					77	
28		/					78	
29		/					79	
30		/					80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	44						TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS	45						TOTAL CLAIMS	